

Notice of Privacy Practices
Effective April 14, 2003
Public Health Nursing Branch
("PHNB")

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding Your Health Information:

Each time a public health nurse or staff from PHNB visits you, a record of the visit is made. This record is called the client/family health record and describes the care you receive. Information provided by you regarding your health, family, social, educational, and other information is recorded. The record also contains screening and test results, immunization record, diagnosis, treatment, and a plan for ongoing care. Medical, hospital, or other reports obtained with your authorization may be part of the health record. Your health record is used to:

- Plan your care and treatment;
- Communicate with other health professionals involved in your care;
- Document the care you receive;
- Assess and continually work to improve the care we provide; and
- Verify that the bills for services sent to third party payer were actually provided.

Information that does not identify you is used for:

- Medical/health research;
- Improvement of the health of individuals; and
- Planning and improving treatment and services in general.

Knowing what is in your record helps you ask questions about how information will be used when you authorize disclosures to others and to ensure that the information is accurate.

Your Health Information Rights:

Although your health record is the physical property of PHNB or the agency that compiled it, the information belongs to you. You have the right to:

- Authorize disclosure of your health information;
- Limit the use and/or disclosure of your health information. However, PHNB is not required by law to agree to your request;
- Receive confidential communications of your protected health information;
- Inspect and copy your health record upon written request;
- Amend your health record in writing by changing or adding information. However, the

original documentation maintained by PHNB may not be changed;

- Obtain an accounting of permitted disclosures of your health information;
- Request communications of your health information with you in a different way or at a different location;
- Allow a family member or other person involved in your care to be present when discussing your health information. If you object, please inform the PHNB staff member so we will not discuss your health information or ask the person to leave.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities: PHNB is required to:

- Ensure the privacy of your health information;
- Notify you about our legal duties and privacy practices regarding information we collect and maintain about you;
- Honor the terms of this notice; and
- Notify you if we are unable to agree to your requested written restriction as to the use or disclosure of your health information; and
- Accommodate any reasonable requests you may have to communicate health information by alternative means or alternative locations.

PHNB reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice (within 60 days) to your address on record.

PHNB will not use or disclose your health information without your permission except as described in this notice or required by law.

Examples of Disclosures for Treatment, Payment, and Health Operations:

Your health information will only be used when it is necessary for PHNB to carry out the functions of our tasks. If your health information needs to be shared with other providers or agencies, PHNB will require those providers or agencies to protect this health information. Only the minimum necessary amount of health information will be released in order for that entity to carry out the functions of their tasks.

PHNB will use and share your health information for:

Treatment. For example: Information obtained by the staff member of PHNB, service provider, or other member of the treatment team will be recorded in your record and used to determine the best course of care for you. The public health nurse will document in your record the expectations of members of your healthcare team, record actions taken, and observations made. Team members will know how the plan of care is

working and if you are attaining the goals developed by the healthcare team.

Payment. For example: PHNB will use health information for payment. A bill may be sent to a third party payer. The information on or accompanying the bill may include information that identifies the child, as well as the diagnosis, procedures, and services provided.

Regular Health Operations. For example: Members of the public health nursing quality improvement team may use the information in your health record to assess the care and outcomes in your situation and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide.

Other Uses or Disclosures (Authorization not Necessary):

Health Oversight Activities: PHNB may disclose health information to approved government agencies such as the U.S. Dept. of Health and Human Services and the Office of Civil Rights.

Research: PHNB may disclose health information to researchers when an Institutional Review Board (IRB) has reviewed and approved the research proposal and established protocols to ensure the privacy of your health information.

Public Health: As required by law, PHNB may disclose your health information to public health authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: PHNB may disclose health information for law enforcement purposes.

Coroners, Medical Examiners, and Funeral Directors: PHNB may disclose specific health information to authorized persons who need the information to administer their work.

Correctional Institution: PHNB may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

Victims of Abuse (including Child Abuse), Neglect or Domestic Violence: Should PHNB suspect abuse or neglect at the hands of a parent, foster parent, family member, guardian, or provider, PHNB will report the suspected abuse or neglect to the necessary authorities, e.g. CPS, APS, or Police. The information that PHNB reports may contain certain health information.

Specialized Government Functions: PHNB may disclose health information for national security, intelligence, and/or protective services for the President and others as required by law.

Judicial and Administrative Hearings: PHNB may disclose health information during any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (if such disclosure is expressly authorized), and in response to a subpoena, discovery request, or other lawful purposes.

Other Government Agencies or organizations providing Benefits or Services: PHNB may disclose information with other government agencies and/or organizations for you to receive benefits and/or services offered.

Family Educational Rights and Privacy Act

(FERPA): If your child's records are considered "educational records," PHNB will only disclose information contained in your child's education records pursuant to FERPA requirements. Your child's FERPA notice is provided to you by the Department of Education.

For More Information or to Report a Problem:

If you have questions and would like additional information, you may contact the Chief, PHNB at (808) 586-4620. Or you may write to

Chief, Public Health Nursing Branch
1250 Punchbowl St. Rm. 210
Honolulu, HI 96813.

If you believe that your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services at:

Office of Civil Rights
Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., HHH Bldg., Room 509H, Washington, DC 20201
Phone: 866-627-7748 TTY: 866-788-4989
Email: www.hhs.gov/ocr

There are no repercussions for asking for additional information or filing a complaint.

My signature below indicates that I have been provided with a copy of the notice of privacy practices.

Signature of Individual client /Parent/Legal Representative
Date _____

If signed by a Legal Representative, relationship to the individual: _____

Distribution: Original on file in individual's health record
Copy to individual client

PHNB: Version 1, April, 2003